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ABSTRACT

Intended for providers of health education for parents of children from birth to 6 years, these protocols offer guidelines for 11 well-child visits. The schedule of visits is based on the periodicity schedule of well-child visits used by pediatricians with the Child Health and Disability Prevention Program. The color-coded protocols provide five categories of information: (1) educational objectives related to client outcomes; (2) age group covered; (3) category of content information, such as feeding, sleep patterns, and accident prevention; (4) method and content of staff activities; and (5) suggested materials and resources for use in instruction. One protocol is provided for each of the following ages: birth to 1 month, 1 and 2 months, 3 and 4 months, 5 and 6 months, 7 through 9 months, 10 through 12 months, 13 through 15 months, 16 through 23 months, 2 years, 3 years, and 4 through 5 years. Each profile provides information about physical and mental assessment, accident prevention and safety practices, feeding, personal care, elimination, sleep patterns, care for illness, and parenting. The first four profiles provide information about crying. Also included are supplementary checklists that allow parents to indicate their foremost concerns. A sample profile for prenatal parent education is appended. (RH)

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HEALTH EDUCATION PROTOCOLS FOR PROVIDERS OF PARENT-HEALTH EDUCATION

SUBJECT : CHILDREN FROM BIRTH TO 6 YEARS OF AGE

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HEALTH EDUCATION PROTOCOLS

FOR PROVIDERS OF PARENT-HEALTH EDUCATION

SUBJECT: CHILDREN FROM BIRTH TO 6 YEARS OF AGE

FORMAT:

- Objectives
- Activities
- Methods and Materials

First Edition - 1983
Health Education Unit
Marin County Department of Health & Human Services

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Introduction

This is a set of protocols on parent health education. The age span covered is from birth to six years of age, the time of a child's life when dependence makes the parent the primary health provider and teacher. The education protocols are intended as checklists or memory joggers to staff who desire to give comprehensive care and education.

The education protocols culminate a two year project by the Maternal and Child Health Steering Committee, a community group of health professionals, parents and educators convened by the Health Education Unit of the Marin County Department of Health and Human Services.

In order to give guidelines to parents to assist them in directing the healthy development of their children, a set of standards or protocols naturally preceded this activity. The following protocols represent agreement by a large representative community group on the "ideal" content, albeit repetitive or lengthy at times, of health information to be given to parents during the first six years of their child's life.

The eleven well-child visits between birth and six years of age is the periodicity schedule used by pediatricians with the Child Health and Disability Prevention Program. Hence, these eleven age steps are the context for sequenced parent/health information items chosen as appropriate for comprehensive well-child care.

The draft protocols and the review and comment process were guided by Bettie Basye, Child Health Educator and Helen Stevenson, Health Education Coordinator, with the able assistance of two volunteers, Priscilla Glander, Ph.D. and Gwen Lesh, Master's candidate.

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For further information on the protocols, please call Bettie Basye at 499-6895.

DIRECTIONS ON HOW TO "READ" THE PROTOCOLS

(1) EDUCATIONAL OBJECTIVE (RELATED TO CLIENT OUTCOMES)
(2) AGE GROUP COVERED - COLOR CODED TO CHECKLISTS
(3) CATEGORY OF CONTENT INFORMATION
(4) STAFF ACTIVITY (METHOD/CONTENT)
(5) PERSON(S) RESPONSIBLE FOR PROVIDING HEALTH EDUCATION
(6) INDICATES SUGGESTED MATERIALS/RESOURCES TO BE USED*

(2) (3) (4)

FUNCTION: 3-4 Months: Physical/Mental Assessment STAFF PERSON(S): (5)

(1) OBJECTIVES | ACTIVITIES | METHODS AND MATERIALS (6)

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will relate developmental landmarks of their child at this period, noting developmental changes (e.g., hands in mouth, thumb sucking, holding head up, etc.).	1. a. Staff will continue to relate to parents assessment of developmental progress/ delays and makes referrals as necessary. b. Staff will cover special needs and issues (pacifiers/thumbsucking).	-charts: ht/wt growth and development
2. Parent will know to anticipate the following landmarks in the upcoming developmental period (5-6 months): -turns toward voice -some partial weight-bearing on legs when held steady -might sit without support when placed in a sitting position -scooting and crawling -may begin to stand while holding onto objects -passes object from one hand to another -grasps small objects off a flat surface -may feed self breads/crackers -teething -babbling	2. Staff will review anticipated developmental landmarks and the individual differences expected in growth and developmental patterns (e.g., hold upright, weight bearing, sitting). Specifically: staff checks head circumference.	.Inspection and demonstrate with child .health history referred to recording in Baby Book
3. Parent will know and be able to return demonstrations of opportunities to participate in stimulation/growth and development (LOOK, REACH, TOUCH, LISTEN). -tactile - provide objects of different shapes, hardness and texture...soft multi-textured toys -aural - rattle, continued interpersonal contacts, acquaint with outsiders -muscular-skeletal - (gross muscle control and hand-eye coordination) rattle, easy to squeeze toys, more stuffed animals for reach grasp and release practice, cradle gym -visual - cradle gym, brightly colored objects	3. a. Staff will elicit discussion of stimulation opportunities (for both parents), demonstrating activities and requesting return demonstrations. b. Staff will assess interactional skills (parent-child bonding and play) and demonstrating examples of stimulation methods for different systems and senses, providing information on reliable resources as needed.	.books .classes

*Fill in local resources.

FUNCTION: Birth to One Month: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Client will be able to identify problems in parent-child relationships.	1. Staff will review common stresses and concerns and provide opportunity to discuss client's concerns.	
2. Client will be able to identify and demonstrate at least three parent-child interaction behaviors.	2. Staff will discuss/demonstrate/record examples of parent/child interaction and stimulation (verbal, visual, tactile): cuddling; smiling; manner of handling; enface positioning; how comforts child.	.developmental/growth chart .demonstration
3. Client will observe and understand steps performed by staff.	3.	
a. physical assessment steps	a. Staff will verbalize his/her observations during physical assessment, i.e.: 1) height____, weight____; 2) skin - color, turgor, rash, jaundice, birthmarks, mottling/cyanosis; 3) head - circumference, fontanels (posterior/anterior; 4) eyes - drainage, schema; 5) nose - nares patent; 6) ears - symetry - response; 7) mouth - palate intact; 8) chest - breasts engorged - resporate - pulse; 9) musculosketetal - tone _____, gluteal folds symetrical ____; 10) genitalia - male ____, circumcision ____, healed ____, inguinal ____, hernia ____; female ____, vaginal discharge ____, tags ____; 11) umbilical cord - on___, off___, healed___, drainage___, hernia___, inflamation___	.talk .growth chart "Measurements" .measuring tape - head circumference .check for gluteal folds
b. reflex check (i.e., sucking, rooting, moro, grasp)	b. Staff will explain his/her inspection and observations during reflex check, if appropriate.	
4. Client will know developmental landmarks: eyes - regarding face, follow to midline; ears - respond to bell and will be able to express concerns regarding growth and development.	4. Staff will demonstrate developmental landmarks: a) holding enface (to regard face) and verbalizing; b) object movement (to follow to midline); c) response to noise (to bell).	.hands on demonstration .red yarn .bell

FUNCTION: Birth to One Month: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
5. Client will know that immunizations schedule will begin next visit.	5. Staff will explain immunization schedule to start next month and explain need for (non-febrile) state of good health for "shots".	.Immunization Schedule .CHC Baby Book or client's own method of Baby Book recording

FUNCTION: Birth to One Month: Accident Prevention Safety STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Client able to understand the function of normal levels of stress. a. client can relate feelings regarding safety precautions and expectations	1. Staff allows discussion of stress/anxiety and assists in assessment of stress.	
2. Clients can identify safety risks in their home for safe child care and accident prevention (i.e., crib - slot size, covers (suffocation/strangulation); toys - mobiles; water - temperature; falls - tables, heights; burns - space heaters; transportation - car seats; smoking/environment, etc.)	2. a. staff introduces checklist for client to check her awareness of safety risks b. staff will review safety risks appropriate to age of child for this family (i.e., environment, socio/economic, cultural, educational)	.checklist of safety knowledge .fire dept. phone #
3. Client will utilize safety practices and equipment and correct any deficiencies by next visit (i.e., car seat acquisition).	3. Staff assesses client responsibility for car passenger safety.	.dispenses or refers for car seat
4. Clients know how to use safety community resources (i.e., 1) general emergency - 472-0911; 2) M.D. number; 3) emergency room).	4. Staff will inform client on community resources available to correct deficiencies before next visit (i.e., car seat).	.resource lists
5. Client has an emergency plan.	5. Staff encourages emergency planning and use of community resources.	.472-0911 number .M.D. number .Emergency Room

FUNCTION: Birth to One Month: Feeding STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Client will be able to identify and express their own concerns relating to infant feeding behaviors/problems.	1. Staff will encourage the client to discuss their own physical, emotional and social concerns relating to infant feeding.	
2. Client will be able to observe and report their infant's behaviors relating to feeding (tolerance, allergies, fussiness, colic, hiccoughs, spitting, etc.).	2. Staff will review with client feeding options, behaviors and concerns (tolerance, allergies, bussiness, colic, hiccoughs, spitting, burping, etc.).	
3. Client has developed a feeding routine appropriate to their infant's needs and the needs of the family.	3. a. staff will discuss with the client their current feeding schedule b. staff will discuss mother's diet (if breast feeding) c. staff will explore with the client a feeding schedule (flexibility vs. demand) to meet their special needs	
4. Client will know the value/need for supplements (formula, vitamins, fluids, iron, etc.).	4. Staff will review with client the value/need for supplements (formula, vitamins, fluids, iron, etc.).	
5. Client will be able to identify feeding concerns to discuss at the next clinic visit (e.g., fluids, introduction of solids, etc.).	5. Staff will give the client a checklist and other materials on nutrition to stimulate discussion for the second visit.	.folder: "Feeding Your Infant 0-2 Months" .10 pg. green staff booklet .4 pg. green client booklet .checklist of feeding behaviors/concerns (to be developed)

FUNCTION: Birth to One Month: Personal Care STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents able to relate own special needs influencing personal care routine.	1. Staff assesses skills existing in this family.	.return demonstration on handling your child if appropriate
2. Parent will be able to express concerns and possible limited skills relating to personal care of an infant.	2. Staff provides support for and resources to meet need for skill development in personal care (i.e., referral to classes, outside help, grandparents, friends, etc.).	.community parenting classes
3. Parent will know basic personal daily care of newborn.	3. Staff assesses client knowledge in basic personal care of infant (i.e., bath, shampoo, cleaning nose, manicure, circumcision care, umbilical cord care).	
4. Parent will know how to provide adequate skin care.	4. Staff reviews common skin appearances (rash, mottling, etc.).	

FUNCTION: Birth to One Month: Crying STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent knows reasons for crying (i.e., bubble, colic, hunger, wet, sick, indigestion, pain, fatigue, fretting, hypertonic).	1. Staff discusses fussy periods, such as evening fussy period.	
2. Parents identify their feeling response to crying and their plans to deal with it.	2. Staff explains possible parent responses to crying that may alleviate source of crying or reduce unwarranted concern over crying.	

FUNCTION: Birth to One Month: Elimination STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will know elimination (bowel and bladder) patterns.	1. a. staff discusses expected elimination patterns (bowel and bladder) b. assesses client acceptance of child elimination c. discusses enema not used in childhood	

FUNCTION: Birth to One Month: Sleep Patterns STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Clients will be aware of and able to report their infants sleep activity patterns.	1. Staff will encourage clients to discuss infant sleep patterns, breathing and other parent concerns relative to sleep.	
2. Client will know the variance in sleep behaviors of infants.	2. Staff will explain individual differences in sleep patterns (frequency/amount).	
3. Client will know what factors may relate to sleep behaviors (feedings, comfort, position, fresh air, room temperature, frequency, amount, light/noise).	3. Staff will review factors which may relate to sleep behaviors (feedings, infant comfort, colic, light/noise levels, etc.).	
4. Client will be able to relate effects on his/her lifestyle and daily routine of child's sleeping patterns.	4.	
a. client will be able to set up an individual plan to facilitate a sleep activity schedule for infant/themself	a. staff will encourage parents to identify and discuss their own needs relative to sleep patterns	
b. client will be able to report their progress/concerns at their next visit	b. staff will discuss a tentative plan with the parents for their child's needs	

FUNCTION: Birth to One Month: Illness Care STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Client will be aware of common problems in illness and how to detect them.	1. Staff will discuss common problems in illness during newborn phase.	
2. Clients able to differentiate normal from illness symptoms (i.e., temperature, crying, breathing, alertness, flaccidity, post-immunization fever-rash, etc.).	2. Staff provides opportunity for client to practice skills in illness care.	.demonstration and feedback demonstration on skills: rectal temperature taking, fever reduction
3. Clients able to utilize medical care appropriately and be aware of community resources available.	3. Staff provides information on medical care and facilities access to care.	.community medical offices' list
4. Clients are able to relate to provider any special factors relating to illness (e.g., religion, alternative lifestyle, orientation, etc.).	4. Staff elicits special needs and provides community resource referral for special problems.	.community resource guides -translators -social services -mental health

FUNCTION: Birth to One Month: Parenting STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents know and use practical guidance and skills in care of infant.	1. Staff provides parenting skill assessment and plans with parents to acquire them.	.Bromwich Scale Level II
2. Parents will express knowledge of the full range of mental, emotional and physical development phases of infancy.	2. Staff provides information on growth and development of child.	.growth and development charts
3. a. Parents aware of the pleasurable interactions that come from interest in, care of, and love for their child, and the contribution this makes to their relationship and the strength of the family unit.	3. a. Staff provides opportunity for parents to express their experiences in infant care, in providing a bonding relationship with child and other parent, and in maintaining family integrity. Reviews "spoiling" as perceived by parent.	.creative listening
b. Parents able to relate the hardships, stresses, responsibilities of parenting.	b. Reviews the past pregnancy (planned, difficult labor, etc.).	
4. Parents able to identify and utilize community resources to meet their medical, mental, social, physical and emotional needs.	4. Staff provides parenting information and community referral resources.	.community resources; parenting classes, etc. .Parenting Resource Directory (revised)
5. Parents will be able to identify and discuss special life situations, concerns, and make appropriate plans. -mental retardation -birthmarks -adoption -twins -handicapping conditions -hearing/vision -step-parenthood -grand-parenthood -bilingual families	5. Staff will ask parents to express special situations/concerns and assist family in making plans to meet needs. -referral - community resources/assessments care -support groups (e.g., MARC) -parent groups (adoption, single parent groups) -counseling services -feeding	.resource book

FUNCTION: 1-2 Months: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Client will be able to identify relationship problems (spouse, siblings, grandparents, in-laws, etc.).	1. Staff will review common stresses and concerns and provide opportunity to discuss their own concerns (e.g., sexuality).	.literature file: (Planned Parenthood, APPLE, Family Service Agency)
2. Parent will demonstrate ability to assess growth and developmental landmarks.	2. Staff will observe and assess parent skills and understanding and provide information as necessary.	.weigh/measure and discuss .use client record Baby Book to record observations .developmental charts (Ross Lab or Denver Developmental Assessment charts) ."First 12 Months of Life" ."A Sign of Relief"
3. Client will know developmental landmarks of this period. -smiling -recognizing mother -sees bright colored objects -grasps at rattle -follows object (bright) to midline	3. a. Staff will review landmarks and demonstrate developmental landmarks expected in this period. b. Staff will explain individual variances in growth and development and/or note delays in development. c. Staff will check head circumference.	.review and demonstrate parent record keeping in Baby Book .measuring tape
4. Client will know to expect the following landmarks in the upcoming developmental period (3-4 months): -roll from front to back -follow with eyes from one side all the way to the other side of the head -will try to grasp at rattle -will laugh -will squeal	4. Staff will cover growth and developmental landmarks to be expected by the next visit.	.role modeling: demonstrate touch, hold, massage, enface posturing while doing physical assessment

FUNCTION: 1-2 Months: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
5. Parent will know opportunities to participate in stimulation/growth and development. -tactile (touch, hold, massage, rock, dance, cuddling, allow to kick with no clothing on) -aural (talk, sing to child, radio/TV-occasionally...no over stimulation) -visual (mobiles, interesting pictures in crib and changing areas, position-allow child to observe human faces)	5. Staff will discuss opportunities for infant stimulation/play at this stage and assist client to prioritize the most appropriate activities.	
6. Client will know reliable sources of information and referral on growth and development.	6. Staff elicits their sources of information on child rearing and explores questions, conflicts, concerns.	.Parenting Resource Directory .community resource lists
7. Client will be able to articulate their special needs, socio-cultural and economic situations (gender, elders at home, birth order, single parents, etc.).	7. Staff will non-judgmentally note client special needs and assist clients in the formulation of a plan to deal with those issues.	.Social Services referral lists
8. Parent will understand the need for immunizations, the projected schedule (e.g., record immunization given this visit in Baby Book and note the date of next immunization due - 4 months).	8. Staff will explain the need for immunizations, how they work, and the schedule. Staff will also explain the need for (non-febrile) state of good health for "shots".	.Immunization schedule CHC Baby Book

FUNCTION: 1-2 Months: Accident Prevention/ Safety Practices STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Client will review with staff current safety practices (re: falls, smothering, burns, furniture, etc.) and is able to identify any corrections needed.	1. a. Staff will elicit correct safety practices and assess client understanding of safety practices and risks (records). b. Staff will also review unique needs of client (cultural, economic, environmental, educational, etc.).	.checklist reviewed .wall chart on child safety .translator resources .community ethnic groups, etc.
2. Client will be able to identify new safety concern areas related to this phase of development (i.e., small and sharp objects, safety pins, etc., and choosing appropriate toys for the child's age).	2. a. Staff will encourage clients to reassess the child's environment to determine any continuing or new risks at this age (baby crib, etc.). Records identified problem areas. b. Staff relates risks to anticipated developmental tasks (increasing mobility and oral behavior).	.demonstration (head support) .U.S.C. Safety Commission materials on child safety
3. Client will utilize safety practices and equipment and correct any identified deficiencies by the next visit (e.g., check household water heater temperature, bathing practices).	3. Staff will assist client in the development of an action plan to correct any problem areas (animals in household, sibling relationships, etc.).	.SPCA material on household pets .record in Baby Book
4. Client will know the resources to effect needed changes (e.g., free inspections by PG&E, Infant Care courses).	4. Staff will review specific community resources appropriate to client needs (baby furniture, PG&E).	.Volunteer Bureau Directory .other resource lists .list of car seat sources
5. Client can relate feelings about responsibility for safety practices to avoid risks.	5. a. Staff will facilitate discussion of parents' needs, concerns, feelings. b. Staff will assess parent abilities in this area and will report suspected neglect/abuse as per protocols and refer client to appropriate resources.	

FUNCTION: 1-2 Months: Feeding STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will be able to discuss feeding concerns and describe a daily intake (number feedings, approximate amount, supplements, water, etc.).	1. Staff assesses the adequacy of current feeding practices; growth and development and parents understanding of the relationship.	.growth charts .ht./wt. measurements .special instructions (e.g., well water) .dietary screening tool (WIC)
2. Parents can identify the relationship between feeding methods and their lifestyle needs (family relationships, including fathers' role and working mother).	2. a. Staff reviews special needs regarding feeding: -NO HONEY OR SUGARS IN WATER -supplements -overweight/underweight -economic concerns -cultural influences -working mothers' needs	
	b. Staff will assess the need for additional dietary guidance as necessary.	.referral to M.D. list. WIC, Nutritionist .literature: "Feeding Your Infant"

FUNCTION: 1-2 Months: Personal Care STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will be able to articulate what is personal care and what concerns or problems they are having.	1. Staff will provide the client an opportunity to discuss any concerns/problems relating to personal care and provide information on personal care as necessary.	
2. Parent will be able to demonstrate personal care activities.	2. Staff assesses parent skills in personal care and provide resources and referrals.	.community parenting classes .Super-Sitters course .diaper services, disposable varieties, etc.
3. Parent will have an appropriate plan for personal care of the child.	3. Staff will discuss: -daily routine (when care is done) -who is providing care (father's role, etc.)	.demonstration - return demonstration (bathing, shampoo, other, as appropriate)

FUNCTION: 1-2 Months: Crying STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent is able to relate the child's crying behavior and a reasonable explanation of that behavior (hunger, etc.).	1. Staff will review current child crying behavior and parents' feelings and methods for dealing with that behavior.	.question and answer
2. Parent is able to put into practice an appropriate plan to deal with crying behavior.	2. a. Staff will assess the parent's ability to problem solve in this area (special family stresses, meeting the child's basic needs, etc.).	.discussion
	b. Staff makes referrals for unsolved problems (M.D. for checkup, parenting education groups, mental health resources, child abuse reporting).	.potential referrals to M.D., parenting groups mental health, Child Protective Services

FUNCTION: 1-2 Months: Sleep STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Cleints will report on sleep activity of their child and themselves.	1. a. Staff will ask how their plan for sleep activity, schedule is going. b. Staff will counsel on possible alternative approaches.	
2. Client will know to anticipate a pattern later on in sleeping behavior and will be able to relate experiences which appear to influence the present pattern. -change in environment -caretakers -light/sound -child's need for social interaction -play-activity/over-stimulation	2. Staff will review what to expect in this period (e.g., more wafefulness and more of a pattern).	

FUNCTION: 1-2 Months: Elimination STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent is able to describe the child's elimination (frequency, consistency, odor and amount) and is able to discern/describe any abnormality.	1. a. Staff assesses elimination relative to feeding methods and parent understanding. b. Staff will review normal elimination, if necessary (bowel and bladder). c. Staff introduces expected elimination changes based on upcoming introduction of supplementals and solid foods.	.chart showing differences in stools

FUNCTION: 1-2 Months: Illness Care STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent is able to relate common problems (illness) and their child's experience.	1. Staff will assess parents' attitudes about illness and their ability to discern problems, providing information as necessary.	
2. Parent relates how to detect common childhood problems and symptoms (temperature, congestion, etc.).	2. Staff assesses parent skills and practices (temperature control, temperature taking, know emergency procedures, CPR, Heimlich, cool air humidifier, aspirin dosage, use of room steamers).	.return demonstrations-refer to classes ."Taking Care of Your Child"(Pantell, Fries, Vickery) - A parent guide to Medical Care. .home care classes
3. Parents will know where and how to access the Medical Care system.	3. Staff will assess parents' ability to appropriately access the medical care system and to make informed decisions about illness care at home.	.pediatrician list, Well Child clinics, CHDP/EPSDT list, WIC, etc.
4. Parent knows relationship between illness and wellness care (e.g., only healthy children at the Well-Baby Clinics).	4. Staff provides opportunity for parents to plan for ongoing wellness care.	.Well Child Book by Mike Samuels, M.D. and Nancy Samuels

FUNCTION: 1-2 Months: Parenting STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will be able to identify their support needs	1. Staff will elicit discussion of parents' own needs.	."Friends Can Be Good Medicine" self-test
2. Parents will be able to identify their current support systems (family, Well Baby Clinic, neighbor, M.D., Day Care).	2. Staff will provide opportunities for parent to spend time on their own needs and resources.	.Bromwich Scale Level I & II
3. Parents will know other sources of support and how to get information on them.	3. Staff will make available information on community resources.	.lists, directories on hand (APPLE, Day Care resources, church groups, baby sitters, mothers' group, counseling, hot lines, and womens & mens groups)
4. Parent will be able to articulate a plan for their own health promotion (weight loss, exercise, stress management, etc.).	4. Staff will provide a selection of resources based on client plan of action and specific needs (economic, free time, etc.).	."Take Care of Yourself" Vickery/Fries ."My Body Myself" .Health Promotion Resource Directory
5. Parent will demonstrate pleasure in proximity to infant and in interaction with infant.	5. Staff assesses #5.	.Bromwich Scale Level I & II
6. Parent will demonstrate ability to read infants biological cues and adopts caretaking response appropriately.	6. Staff assesses #6.	.Bromwich Scale Level I & II

FUNCTION: 3-4 Months: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will relate developmental landmarks of their child at this period, noting developmental changes (e.g., hands in mouth, thumb sucking, holding head up, etc.).	1. a. Staff will continue to relate to parents assessment of developmental progress/ delays and makes referrals as necessary. b. Staff will cover special needs and issues (pacifiers/thumbsucking).	·charts: ht/wt growth and development
2. Parent will know to anticipate the following landmarks in the upcoming developmental period (5-6 months): -turns toward voice -some partial weight-bearing on legs when held steady -might sit without support when placed in a sitting position -scooting and crawling -may begin to stand while holding onto objects -passes object from one hand to another -grasps small objects off a flat surface -may feed self breads/crackers -teething -babbling	2. Staff will review anticipated developmental landmarks and the individual differences expected in growth and developmental patterns (e.g., hold upright, weight bearing, sitting). Specifically: staff checks head circumference.	.inspection and demonstrate with child .health history referred to recording in Baby Book
3. Parent will know and be able to return demonstrations of opportunities to participate in stimulation/growth and development (LOOK, REACH, TOUCH, LISTEN). -tactile - provide objects of different shapes, hardness and texture...soft multi-textured toys -aural - rattle, continued interpersonal contacts, acquaint with outsiders -muscular-skeletal - (gross muscle control and hand-eye coordination) rattle, easy to squeeze toys, more stuffed animals for reach grasp and release practice, cradle gym -visual - cradle gym, brightly colored objects	3. a. Staff will elicit discussion of stimulation opportunities (for both parents), demonstrating activities and requesting return demonstrations. b. Staff will assess interactional skills (parent-child bonding and play) and demonstrating examples of stimulation methods for different systems and senses, providing information on reliable resources as needed.	.books .classes

FUNCTION: 3-4 Months: Physical/Mental Assessment STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
4. Parent will understand the need for keeping on schedule with immunizations (record 2nd immunization and note upcoming immunizations due...make appointment for return visit).	4. Staff will reiterate the reason for immunization being given and review upcoming immunizations (6 month visit).	.Baby Book .yellow card (A.A.P. immunization schedule)

FUNCTION: 3-4 Months: Accident Prevention STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will be correctly utilizing a car seat (infant position).	1. Staff will elicit client discussion of car seat and reviews proper position of the seat, seat belts for parents, etc.	.checklist (clients) referred to for appropriate education
2. Client will be able to relate their child's increasing mobility and eye-hand coordination to safety issues: -chewing behavior/ingestion small objects -select toys with parts too large to swallow	2. Staff child unattended, ingestion of small objects, etc.).	
3. Client will be able to identify any new safety concern areas: e.g., seasonal concerns: -cold -sunburn -heaters/fans -pools/hot tubs - barriers, swimming lessons	3. Staff will elicit new or potential concern areas (e.g., inappropriate or untimely use of toys, equipment, etc.).	
4. Parent will begin a plan for household safety regarding their child's increasing mobility: -crib/bassinet changes -unleaded paint/walls-furniture	4. a. Staff will facilitate client assessment of household risks and planning for safety, including informing the parent of resources. b. Staff will review the client's economic resources and other factors and assist them in making alternative plans, improvisations, etc.	.safety checklist .baby furniture safety .Thrift Shops list

FUNCTION: 3-4 Months: Feeding STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will be practicing appropriate feeding practices (e.g., increasing water/ fluids in hot weather, feeding appropriate amounts and times).	1. Staff discusses and assesses the adequacy of current feeding practices and potential problems/anxieties parents might be having. (Is formula iron fortified? Consult M.D. regarding iron, vitamin and mineral supplements for the breast fed child.)	.nutritional assessment .referral
2. Parent will know need for later introduction of solid foods and will know the desired beginning age (5-6 months), type of food (cereals, iron fortified only) and amounts.	2. Staff will prepare parents for the introduction of solids and related concerns/problems of that developmental period (teething, feeding times/amounts, use of bottles as pacifiers, etc.).	.refer to "Nutrition on 1st Year of Life"

FUNCTION: 3-4 Months: Personal Care, Sleeping, Crying, Elimination STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent(s) will relate an appropriate plan for personal care of their child and/or discuss solutions to problems presented.	1. a. Staff will review with client their plans for personal care and allows an opportunity for client to raise any concerns for herself and her child. b. Staff will review client knowledge of utilization of community resources.	
2. Parent will know that drooling is common at this age (unrelated to teething) and practice appropriate hygiene.	2. Staff will discuss what client does to maintain hygiene.	
3. Parent able to discuss expectations for baby to sleep through the night at this stage and be able to coordinate feeding plans and adjust personal (parent) sleep patterns.	3. Staff will review child patterns of sleep/stimulation, etc., and related family needs. Staff will elicit discussion on potential related problems (no bottle propping at night).	
4. Parents will know that crying behavior can be anticipated to decrease and parent can interpret causes of fussiness.	4. Staff will facilitate client discussion and will help parents see patterns and changes in crying behaviors.	
5. Parent will know that teething can be anticipated as soon as 3 months and its relationship to sleep, crying behavior, etc.	5. Staff will review expected reactions to teething and individual variations in this development.	
6. Parent will be able to discern any changes in elimination and their causes.	6. Staff will discuss with the parent and assess the parent's ability to discern problems related to elimination...reinforcement of information and referrals as necessary.	.chart

FUNCTION: 3-4 Months: Illness Care STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent is able to discern and relate their child's illness experiences.	1. Staff will elicit discussion and assess appropriateness of responses. Referrals as necessary.	.referral resource list
2. Parent will know that their child may catch colds more easily (cold exposure: acquainting the child with others).	2. Staff reinforces teaching on measuring fever.	.rectal thermometer
3. Parent knows the relationship between illness and wellness care. Knows fever possibility after immunizations.	3. a. Staff will introduce the concept and assist parents in developing a plan for wellness care, including immunizations, parenting skills, developmental interactions (stimulation/play, etc.). b. Staff discusses new illness concerns common in childhood (allergies, ear infections, etc.).	

FUNCTION: 3-4 Months: Parenting STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will identify any particular stresses relating to parenting at this period. -confidence/anxieties -evidence of utilizing support groups -career planning decisions/actions -child care	1. Staff will provide opportunities and actively elicit parent discussion on their personal/ family plans and needs. Staff reviews community resources information.	.Project Care directories resource lists
2. Mother will give examples of activities (personal health) put into practice. -checkup -exercise -respite/baby sitting -nutrition (diet/supplements) -family planning	See above.	
3. Parent able to relate pleasurable activities in which the father participates.	See above.	.Bromwich Scale I & II
4. Parents will demonstrate ability to read infants social, affective and temperamental cues and respond sensitively.		.Bromwich Scale I & II
5. Parents will articulate their plans for return to work and/or plans for child care (as appropriate). -will be able to select an adequate child care resource appropriate for their needs (personalities/style, quality of care, accessibility, price, etc.) -will visit day care centers and research and evaluate options -provision made for sick care, special needs, etc.	5. Staff will discuss parents' intent regarding child care/return to work, etc.	.resource list Project Care .Licensed Day Care Centers list

FUNCTION: 5-6 Months: Physical-Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will relate developmental landmark of their child at this period, noting developmental changes (e.g., sitting, grasping objects, scooting-crawling, teething, etc.).	1. a. Staff will continue to review child's developmental progress/delays and to make referrals as necessary. b. Staff will have parents complete a self-assessment (check list) and review educational areas where parents indicate a need.	.Charts: ht/wt growth and development .client self-assessment (Health Education check-off list)
2. Parent will know to anticipate the following landmarks in the upcoming developmental period (7-9 months) baby's physical development has progressed from head down - mouth, eyes, ears, hands, arms, legs, gaining control of entire body - using hands for balance. Anticipate: -sitting position, unaided -may walk while holding onto furniture -may say few words (da-da, etc.) -might imitate speech sounds you make -thumb and forefinger activity (may pick up -small objects at 10-12 months) -objects transferred easily from one hand to another	2. Staff will review anticipated developmental landmarks and the individual differences expected in growth and developmental patterns (speech, walking, etc.).	
3. Parent will know and be able to return demonstrations on infant stimulation/ growth and development - LOOK - REACH - TOUCH - LISTEN. tactile: massage, playing games with fingers and toes visual: look in mirror (baby laughs, coos, babbles or reaches out when she sees reflection in mirror aural: ringing bells, baby listens as you talk and show her assorted things, imitate the sounds the child makes and child repeats it	3. a. Staff will elicit discussion of stimulation opportunities (for both parents), demonstrating activities and requesting return demonstrations. b. Staff will assess interactional skills (parent-child bonding and play) and demonstrating examples of stimulation methods for different systems and senses, providing information on reliable resources as needed.	.Small World Exercise .demonstration

FUNCTION: 5-6 Months: Physical-Mental Assessment STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
3. Cont'd. muscular/skeletal: might bring together two toys held in separate hands - tub toys, small pick up toys and floor toys that turn and spin, multi purpose toys with moving parts and colorful design - go to the child at intervals when he is playing by himself, don't wait until child frets		
4. Parent will understand the need for keeping on schedule with immunizations (record 3rd immunization, DPT) and note upcoming immunizations due at 15 months (MMR).	4. Staff will review parents records for completeness (3 DPT, 2 Polio) by this visit. Next immunizations due at 15 month visit - MMR, review the need for different shots for different conditions.	.Baby Book

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FUNCTION: 5-6 Months: Accident Prevention STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will review the household plan for safety (e.g., high chairs, playpens, etc.).	1. a. Staff will facilitate parent assessment of household risks and planning for safety, including informing the parent of resources (economic, etc.). b. Staff will listen for gaps in safety plan (e.g., car seats, etc.).	.Accident Check List reviewed and updated
2. Client will be able to identify any new safety concern areas (babies now crawl, they put things in their mouths, and they need a safe environment to explore). General - Accident Proof the Home -falls/use gates for stairways, be careful of folding gates -lower the height of crib mattress -don't leave the child unattended in high chair, on bed, use a play pen) -drowning, don't leave unattended in tub/ bath, be careful of pools, etc. -continue safe large toys for child -safety plugs in wall sockets -scissors, knives and breakable objects out of reach Kitchen -cabinet safety locks, electrical cords, hot liquids, food, etc. -bleach, cleaning and polishing agents placed high in locked cabinet -tablecloths that can be pulled down -safety check jars...commercial foods for seal	2. Staff will elicit new or potential concern areas.	

FUNCTION: 5-6 Months: Accident Prevention STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
2. Cont'd. Poisons -medicines (child proof packaging) -poisons (see Kitchen) lye products, gardening, etc., - cabinet safety locks -cosmetics -Syrup of Ipecac on hand -post poison control center number - call before giving Syrup of Ipecac	Staff will provide specifics on the use of Syrup of Ipecac and how to access the medical care system in an emergency (local Poison Control Center).	.Poison Center: (415) 666-2845 Toll Free No. 800-792-0720
Strangulation and Suffocation -do not put necklaces or pacifers on a cord about the neck -take care not to introduce foods (solids) too soon....choking	Choke-saving methods review.	.demonstration
Burns -place guards in front of open heaters -flame retardent sleepwear and proper laundering to retain retardant factor (no soap) -maximum water heater temperature 130°		
3. Parent will check car seat for size and change to a new seat or change to convertible position at 20 pounds or placed forward facing in car.	3. Staff will review upcoming changes regarding car seat needs.	

FUNCTION: 5-6 Months: Feeding STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will relate current feeding practices: breast feeding - supplemental foods/ fluids; bottle fed - no nighttime bottles, cereals - single grain cereals (rice, oatmeal, barley).	1. Staff discusses and assesses the adequacy of current feeding practices and potential problems/anxieties parents might be having. (Is formula iron fortified? Consult M.D. regarding iron, vitamin and mineral supplements for the breast fed child.)	.referral to M.D.
2. a. Parents will know the need for the introduction of solid foods and will know the desired beginning age, type of food. -more textured foods -feed with spoon in an upright position -note child's food likes and dislikes -don't put cereals in a bottle	2. a. Discusses fluoride or dentist referral.	.D.D.S. lists
b. Parents will know foods appropriate to introduce in the upcoming period. <u>Fruits and Vegetables</u> -commercial preparations -home preparations <u>Fluids/Juices</u> (6-7 Months) -water encouraged -unsweetened only, fluids diluted -introduce drinking from a cup -juices related to tooth decay, developmental issues -not from bottle	b. Staff will prepare parents for the introduction of new foods and related concerns of that developmental period.	

FUNCTION: 5-6 Months: Feeding STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
3. Parents will know the basics of making their own baby foods (if desired). -preparation -utensils -economics -kind of food (fresh/frozen only) do not add salt, sugar, seasoning, fats, sauces, or leftovers -freezing prepared foods -cold or warm foods are appropriate	3. Staff will discuss preparation methods for making of baby foods at home. -temperature -quality and selection of foods -methods of preparation -texture -try to make mealtime a relaxed and happy occasion -allow 5-7 days between the addition of each new food or juice (gives a chance to notice any changes in the child, such as diarrhea, constipation, rash, fussiness, stuffy nose, cough or spitting up) -foods which are likely to cause allergy (cows milk, wheat products should be avoided until one year of age) -persistence in feeding practice -normal feeding behaviors -rejecting of foods, behavorial cues to detect -special problems	

FUNCTION: 5-6 Months: Personal Care, Sleeping, Crying, Elimination STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will give an update on personal care and related issues (e.g., teething, drooling, etc.) regarding: -sleep patterns -crying -elimination, etc.	1. Staff will review with client their plans for personal care and allows an opportunity for client to raise any concerns for herself and the child.	
2. Parents will continue the practice of good hygiene, including the washing of their own hands and their child's before meals... and noting hygiene needs of their now more active child.	2. Staff will assess parent skills and reinforce information as needed.	

FUNCTION: 5-6 Months: Illness Care STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent is able to discern and relate their child's illness experiences.	1. Staff will elicit discussion and assess appropriateness of responses. referrals as necessary	
2. Parent will be aware of common illness problems and how to treat them, such as: a. fever, use of rectal thermometer b. allergic reaction to foods, liquids and solids c. possible ear infections	2. Staff assesses skills in: a. fever control (i.e., bathing techniques) b. detecting common food allergy symptoms, home treatment skills, and the need for referral c. review preventitive dental techniques (i.e., no bottle when baby is in bed)	

FUNCTION: 5-6 Months: Parenting STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will identify or express any particular stresses relating to parenting at this period. -dealing with the more active child -increasing parenting demands (feeding, illness, etc.)	1. Staff will provide opportunities and actively elicit parent discussion on their personal/ family plans and needs. -community resources information -social support -involvement of the father -sibling rivalry -the working mother -day care	.directories .resource files

FUNCTION: 7-9 Months: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will relate developmental landmarks of their child at this period, noting developmental changes (e.g., sitting unaided, finger dexterity, etc.).	1. a. Staff will review parent self-assessment and concentrate on those areas of development where parents need more information. b. Staff will continue to assess parents knowledge of their child's patterns of development.	.charts: ht/wt development
2. Parents will know to anticipate the following landmarks in the upcoming developmental period (10-12 months). -crawls (backwards, forwards, sideways) -stands alone -walks holding onto furniture -lowers to sitting position from standing -feeds self "loosely" -first real words in usage -can play games (paddy cake, peek-a-boo, wave, throw a ball, food....etc.) -thumb and forefinger dexterity	2. Staff will review the anticipated developmental landmarks and the individual differences expected in growth and developmental patterns (completing the transition from horizontal movement to vertical).	
3. Parent will know and be able to return demonstrations on infant stimulation/ growth and development - LOOK - REACH - TOUCH - LISTEN. <u>tactile</u>: teething (chewing, biting, gumming anything within reach (accommodate the baby with chewable toys such as teethers and soft vinyls), a strong desire to touch, handle, manipulate and put into the mouth all objects he comes into contact with <u>visual</u>: may be suspicious of other people, recognizes mother's face, voice, parent preferences may develop	3. Staff will elicit discussion of stimulation opportunities and conduct demonstration/ return demonstrations with parents.	

FUNCTION: 7-9 Months: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
aural: fearing (sudden noises may cause tears), name objects to the child, converse with the child muscular/skeletal: may feed from a cup (encourage those first messy attempts), lie-on-and-push-about toys (designed close to the ground for added safety help build leg and arm muscles necessary for the transition from horizontal to vertical movement		
4. Parent will review baby book with staff and indicate need for updating on immunizations. (Next expected immunization at 15 months.)	4. Staff will note accuracy of immunization record in parent baby book.	.Baby Book

FUNCTION: 7-9 Months: Accidents STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will be able to identify any new or ongoing safety risks related to the child's increasing mobility and curiosity and experimentation (e.g., houseplants). -gates, windows, doors: secure doors that lead to stairways, driveways -play area: electrical cords attached to appliances put out of reach -water: don't leave unattended -poisons: identify household plants, secure lye/dyes under sink, never call medicines "vitamins", "candy", etc. -burns: pot handles turned to wall, water temperature turned down -toys: choose toys too large to swallow -foods: avoid popcorn, nuts, hard candy because of choking -car seat: change from infant to toddler seat or convertible seat to toddler position at 9 months or 20 pounds	1. Staff will elicit new concern areas and reinforce safety practices regarding the child's increasing mobility, curiosity, etc. -"discipline", explain simply, parent should supply the words to child for safety concerns (e.g., "hot", "hurt", etc.)	.refer to checklist filled out earlier .socket blocker .closet locks, etc. .plant safety list .EMS phone sticker

FUNCTION: 7-9 Months: Feeding STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will relate current feeding practices (7-9 months). -other infant cereals can be added -strained meat, chicken, fish, beans -plan yogurt -tofu -egg yolks -mashed fruits/vegetables -finger foods, toast squares, cooked vegetable strips, peeled - soft raw fruits Do not add sugar, salt, fat or spices to your baby's food or water.	1. Staff discusses and assesses the adequacy of current feeding practices and potential problems/anxieties parents might be having. -discipline/food -messiness -inclusion with family meals/socialization -don't force foods	
2. Parent will be able to begin integrating child's meals with family's. -meal plan -milk -3 meals/snack + afternoon snack	2. Staff will review meal planning with parent.	.sample menues .H&HS green booklet
3. Parents will respond appropriately to child's early feeding behaviors.	3. Staff will discuss plans/alternatives for feeding practices with parents.	.plastic/dry cloth .newspaper

FUNCTION: 7-9 Months: Personal Care, Sleeping, Elimination STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will respond appropriately to personal care issues (keep a balance between soiled hands/faces and dirty clothes and health risks). Also teeth need care as soon as they erupt.	1. Staff will assess personal care practices and discuss problems/anxieties. -simple basic hygiene needs -compulsive needs for cleanliness	
2. Parents will know that their child's sleeping through the night behavior might change and will respond appropriately. -should not routinely be given milk or juice if awakens -if safe and dry, will probably go back to sleep in a few moments, do not pick up or encourage play activity -after 6 months, sleeping with bottle of juice or milk will lead to cavities	2. Staff will review potential changes in sleeping patterns, potential reasons, and discuss with parents their responses to them.	
3. Parents will be practicing the simplest care methods to deal with elimination/personal care within their resources. -able to relate regularity of bowel movements (i.e., number, time of day, etc.)	3. Staff will acknowledge difficulties in personal care/elimination and suggest the simplest methods economically available to parents. -pampers, diaper services, etc. -not a time to try to potty train -discuss diarrhea, constipation problems with physicians - don't self-medicate	
4. Parents will know that dental care begins early. -visit to dentist to learn proper cleaning/care/feeding practices for care of emerging teeth -anticipate beginning brushing for child soon as a "fun" game and continuing throughout childhood until 6-7 years when child can do it alone	4. Staff demonstrates using wash cloth to clean teeth.	.list of pediatric dentists in County

FUNCTION: 7-9 Months: Illness Care STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will practice appropriate responses to illness behaviors. -assessment care, skills -attentive, not extreme reaction (rewarding ill behavior) -provide quiet and rest for the child -hygiene at home and in Day Care	1. Staff will elicit discussion and assess appropriateness of parent responses. -staff encourages that illness-care arrangements be made early if child in day care situation	

FUNCTION: 7-9 Months: Parenting STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. a. Parent will know child's limitations in learning (e.g., not connecting past behaviors/corrections with current behavior).	1. a. Staff will stress child's limitations (e.g., normal exploring vs. "defiant behavior" and relate this to discipline issues.	.Bromwich Level V
b. Parents will make opportunities to relate (in conversation) with their child (education-encouragement-discipline). -talking, singing, naming objects, explaining commands (e.g., "no" - "hot") -modeling (verbal/non-verbal)	b. Staff will explore with parents alternatives for education, discipline, control.	.Bromwich Level IV
2. Both parents need to plan for parenting responsibilities and pleasantness. -fun/plan -time for themselves - evening, weekend, vacation	2. Staff will encourage parents to make plans for involvement in both the responsibilities and the benefits of parenthood. -find creative ways to involve the father -babysitting, respite	

FUNCTION: 10-12 Months: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will relate developmental landmarks of their child at this period, noting developmental changes (e.g., stands alone, walks holding onto furniture, feeds self "loosely").	1. Staff will review development to date and concentrate on those areas of development where parents need more information.	.charts - ht./wt. development
2. Parents will know to anticipate the following landmarks in the upcoming developmental period (13-17 months). -readiness for potty training (17-20 months) -feeds self with a spoon -walk independently, stoop and recover items, balance and coordination -understands what you say and tries harder to copy words -mental processes more sophisticated and understands simple concepts, such as "in", "out", "full" and "empty"	2. Staff will introduce anticipated developmental landmarks and the individual differences expected in growth and developmental patterns.	
3. Parent will know and be able to return demonstrations on play/growth and development - LOOK - REACH - TOUCH - LISTEN. tactile: enjoys "putting-in" and "taking-out" games, feeling genitals is common visual: (see muscular-skeletal (Page 45) aural: attention to increasing vocabulary, provide opportunities to identify/name objects	3. Staff will elicit discussion of stimulation opportunities and conduct demonstrations/ return demonstrations with parents.	

FUNCTION: 10-12 Months: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
muscular-sketetal: amusing toys at this stage include those that provide increasing practice in manipulation (stacking toys, nesting cups, blocks), demonstrating cause: effect (snap lock beads, large snap-together blocks and offers an element of surprise (jack-in-the-box). But keep in mind the child's temperment; a surprise toy, for instance, may be too startling for an intense child.		
-beginning social/parallel play - see that the child has an opportunity to be with other children (chances to look, immitate, etc.)		
-swimming skill recommended		.Kinder Swim
4. Parents will know that MMR immunization is due at the next visit (15 months).	4. Staff will prepare parent for upcoming immunization (toddler immunization shots - MEASLES, MUMPS, RUBELLA.	.Baby Book

FUNCTION: 10-12 Months: Accidents STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will be able to identify any new or ongoing safety risks related to the child's increasing mobility and curiosity and experimentation. -shoes are necessary only to protect feet from rough surfaces, rocks, sharp objects and cold weather -fence play areas, yards, pools, etc. -talk about "crossing the street", traffic	1. Staff will elicit new concern areas and reinforce safety practices regarding the child's increasing mobility, curiosity, understanding. -purchase flexible, well-fitting shoes -traffic/auto safety focus	
a. parent will know to instruct other caregivers in safety practices	-instructions for baby sitters, others	.Red Cross classes .Super Sitters Book, etc
b. continue to monitor key household areas where risks to safety may occur (kitchen, bathroom, laundry room, garage, etc.)		
c. car seat use continues (toddler size/ position)		
2. Parents will make a responsible plan regarding pets-child safety. -fenced animal area -appropriate choices of pets -animal health care	2. Staff will review animal related safety issues.	

FUNCTION: 10-12 Months: Feeding STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will relate current feeding practices (10-12 months).	1. Staff discusses and assesses the adequacy of current feeding practices and potential problems/anxieties parents might be having. -the overweight child -the underweight child	.reference growth charts
2. Parents will know what foods to introduce. -more textured foods -food from the family table -thick stews/ground beef -tender pieces of meat, chopped -spaghetti -tender fruits and vegetables -whole eggs and egg dishes -meal plan - 3 meals/mid-morning and mid-day snack	2. Staff will review new foods to be introduced, as well as work with parents on meal planning.	·green book
3. Parent will know the child one year can be weaned or can begin or plan to wean from the breast/bottle in the next few months and the child can drink fresh milk from a cup.	3. Staff will discuss with parent feeding transitions (bottle/breast - cup). -tips on weaning -child's need for sucking vs. feeding -feeding method; pacifier method	

FUNCTION: 10-12 Months: Personal Care, Sleeping, Elimination STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will respond appropriately to personal care issues. -continue reasonable hygiene: child's increased exploration/feeding (messiness)	1. Staff will assess personal care practices and in discussion with parents will dispel myth "cleanliness is next to godliness".	
2. Parents will make beginning plans for upcoming toilet training effort. -purchase toilet chair but don't insist that they use it at this period (introduce/ occasional use), talk about it - child has no control at this point of development	2. Staff will discuss with parents gradual methods of introducing toilet training (bowels, first; bladder, later).	
3. Parents will be providing for their child's napping twice a day (AM/PM).	3. Staff will discuss the need for naps and discuss the anticipated sleep behavior changes.	

FUNCTION: 10-12 Months: Illness Care STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will know that their child is more likely to experience illnesses as they increase their social contacts and will be able to recognize potential complications. -ear infections -first aid (cuts, bruises, etc.) -insect bites -sunburn -poison oak/poison ivy, etc.	1. Staff will assess parents' knowledge and care practices and review symptoms of common disorders. -colds (children are ill with colds ten times more often than with all other illnesses combined) -resistance to colds may be lessened as breast feeding is discontinued -croup -household humidifier use -don't overheat house -use an indoor thermometer (68° F) -tendency for ear infections with colds and bottle feeding at night	
2. Parents will know the child must be well for its next visit (upcoming MMR immunization).	2. Staff will work with parents to keep on track with the immunization schedule, despite possible delays related to childhood illnesses. -provide immunization clinic schedule -other sources of immunization for make-up -have parent keep all immunizations given on record in Baby Book	.Baby Book

FUNCTION: 10-12 Months: Parenting STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will discuss their ideas/plans for sharing parenting responsibilities and fun.	1. Staff will ask parents to express special situations/concerns and assist family in making plans to meet needs. Staff will allow time for parents to discuss other related concerns. -family planning regarding return to work in relationship to weaning, etc. -feelings of guilt (mother and father) -issues of parents identity -issues of parents competence -discipline .negative control-punishment .positive control-work with the child ahead of time	.Bromwich Parent Behavior Progression
2. Parents will reiterate their plans for return to work and/or plans for child care (as appropriate). -will be able to select an adequate child care resource appropriate for their needs (personalities/style, quality of care, accessibility, price, etc.) -will visit day care centers and research and evaluate options -provision made for sick care, special needs, etc.	2. With anticipated potty training, child care placement is a possibility. Staff will discuss parents' intent regarding child care/ return to work, etc.	.resource list .Project Care list .Licensed Day Care Centers list
3. Parent will be able to summarize their parent education needs at this point (end of the first year).	3. Staff summarization: Staff would review the 6 month parent self-assessment done and assess any new or continuing parent needs and update the parent in each health education area.	

FUNCTION: 13-17 Months: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will relate developmental landmarks of their child at this period (walks independently, stoops and recovers items, balance and coordination improves, etc.).	1. Staff will review development with parent and concentrate on those areas of development where parents need more information.	
2. Parents will know to anticipate the following landmarks: (18-23 months) -climbs stairs, bumps down -walks backwards -labels environment -increasing vocabulary -uses one word sentences (up, car, cookie, etc.) -sits still at various times (crib and floor play) -scribbles with crayon, etc.	2. Staff will introduce anticipated developmental landmarks and the individual differences expected in growth and development patterns.	
3. Parent will know and be able to return demonstrations on play/growth and development - LOOK - REACH - TOUCH - LISTEN. tactile: a higher energy level at this period visual: simple take-apart-put-together toys and shape matchers - help improve eye-hand coordination, strengthens small muscles and encourages comparisons aural: music, especially the kind of music that the toddler creates with his own toy instruments - speak clearly to the child, show an interest in language development muscular-skeletal: gives opportunity to play actively with toys that develop the large muscles and coordination skills (ride-on toys, with wheels, rockers, spring toys and push-pull toys) -reasonable TV exposure (TV is not baby sitter)	3. Staff will elicit discussion of play opportunities and conduct demonstrations/return demonstrations with parents.	

FUNCTION: 13-17 Months: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
4. Parents will know how a child learns and know the delays between the child's understanding and control needs (discipline).	4. Staff will introduce discussion regarding learning and discipline. -teaching vs. punishment as a deterent -reinforcement for positive behavior -mistakes as a part of learning -planning ahead - anticipation and control -parents being "put to the test" - embarrassing moments -crying behavior	
5. MMR immunization given at this visit..parent will record immunization in Baby Book and note date of next immunization due (DPT/POLIO BOOSTERS - at next visit - 18 months).	5. Staff reviews childhood diseases, especially measles, mumps and rubella, and explains why MMR immunization is important. -complications of childhood diseases -immunizations no longer given and why (smallpox) -those childhood diseases for which there are no immunizations (chicken pox)	

FUNCTION: 13-17 Months: Accident STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will know the risks related to child's ever increasing mobility and utilize appropriate supervision and make appropriate home adaptations.	1. a. Staff will elicit new concern areas and reinforce safety practices. b. Staff will discuss with parents the parent's perception of the childs' developmental abilities: risk reduction; underestimating of childhood risks. -the child's physical ability to enter injuring situation -overestimating the child's mental ability to avoid injury	

FUNCTION: 13-17 Months: Feeding STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will know to expect a change in feeding habits. -increase or decrease in appetite -rejected foods -respect the child's taste preferences -off days and food jags -child sized portions -small pieces of items -sameness of food desires (a few foods) -off the bottle -self-feeding -substitutes for the bottle (special cup) -again, no overnight bottle -use attention/play/fun to calm child rather than use food	1. Staff discusses and assesses the adequacy of current feeding practices and potential problems/anxieties parents might have. -food habit formulation -don't plead, bribe, or punish or reward with food -overfeeding/overweight -children eat when they are hungry	

FUNCTION: 13-17 Months: Personal Care, Sleeping, Elimination STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will be able to respond appropriately to personal care issues. -potty training (move from accident control to sitting on the potty..."catching it"	1. Staff will assess personal care practices with parents and review bowel control. -modeling behavior -can't wipe self -set up a routine (parent and child pattern) -accidents are not a discipline issue	
2. Parents will be aware of the need for properly fitting shoes (and other clothing) periodically (every 3 months, more or less): growing bodies, growing feet, increasing mobility.	2. Staff will review clothing needs with parents -discuss shoes - tennis shoes are ok -economical alternatives (second hand stores)	
3. Parents will anticipate changes in sleeping behaviors. -shorter AM naps, longer PM naps possible -respect nap time: routine and outings -relate behavior related to interruptions in patterns (fussiness) -don't insist the child go to sleep (naps) - just have the child lie down -regular nighttime/bedtimes are critical -help the child develop good bedtime sleep habits - assist by reading to child, holding child -reduce stimuli at sleep times (turn noise level down - radio, TV, etc.)	3. Staff will introduce expected changes in sleeping behavior - nighttime waking due to developmental changes. -routine and variations -tiredness/sleep! acting out behaviors -issue of the child sleeping with parents	
4. Parents will model toothbrushing behavior - assisting child in learning toothbrushing. Since child does not have adequate coordination for brushing until age 8, adult hands-on help is necessary.	4. Staff will reinforce toothbrushing and talk about trips to the dentist. -first trip to dentist is best at age 7-12 months -brushing starts 7-9 months -community dental resources -special brushes "Reach Brush", flossers appropriate for the younger child -discuss "nursing bottle mouth"	.DDS lists (pediatric dentists in County)

FUNCTION: 13-17 Months: Illness Care STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will be able to report their child's history of illness, their use of medical care system, if they have a physician, and raise the question regarding illness related to immunizations.	1. Staff will explore illness history with parents and concentrate on illness related to immunizations and/or other childhood diseases. -parent skills -how to identify common childhood disorders	.Well Child Book by Mike Samuels, M.D. and Nancy Samuels

FUNCTION: 13-17 Months: Parenting STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will be able to discuss their concerns regarding this storm and stress period. -temper tantrums may begin	1. Staff will review the stresses of parenting regarding child's increasing energy, independence, eagerness to learn vs. safety concerns and discipline. -set limits, control -take advantage of parent groups -importance of keeping a sense of humor -subsequent children -parents need to see child's behavior as a source of parent insecurity	.directory of parenting groups .parent-child interaction programs: i.e., Kindergym (motor practice and opportunity to gain perspective on toddler behavior) .family support systems
2. Parent will see new challenges in parenting (i.e., need to "let go", allow more choices, autonomy for child, beginning of self-control).	2. Staff will assist parents in planning to meet the new challenges of parenting.	
3. Parent understands emerging language development as a cause of frustration to child.	3. Staff discusses difficulty child experiences when unable to verbalize his needs.	
4. Parent understands stages of moral development and respects child's lack of a concept of right/wrong at this age.	4. Staff will discuss the child's need to repeatedly test rules and boundaries as the way children begin the protracted period of moral development. They lack the intention to manipulate. However, the child can learn to ignore the idea of logical/natural consequences of his/her behavior. Staff should advocate a calm approach to limit setting vs. yelling, screaming or spanking.	.books on growth/development and on developing moral values

FUNCTION: 18-23 Months: Physical-Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will relate developmental landmarks of their child at this period (climbs stairs, increasing vocabulary - one word sentences, dependence, parental attachment).	1. Staff will review development with parent and concentrate on those areas of development where parents need more information.	.play groups, i.e., -Side by Side (a pre-school for parent-child interaction activity) -APPLE Toddler Program -Recreation Departments
2. Parents will know to anticipate the following landmarks (2nd year). -runs -climbs up and down stairs -turns pages of book -uses plural words -strings beads -ride a tricycle -can give first and last name -places small boxes in larger boxes -need for freedom to try it alone (feeding/ dressing) -time of emotional extremism (contrary, demanding and rebellious, or loving, cooperative and self-occupied - (a mixed bag) -may prefer playing alone at this age rather than having to share possessions -exuberant and very imaginative -often imitates adults' daily routines	2. Staff will introduce anticipated developmental landmarks and the individual differences expected in growth and development patterns.	
3. Parent will be able to involve the child in the following play/stimulation developmental activities/"age of exploration". -puppets and dolls provided to the toddler at this point enables him to act out various emotions that he is incapable of expressing verbally - such toys also encourage feelings of love, gentleness and protection Cont'd.	3. Staff will elicit discussion of play opportunities and demonstrate examples.	."Small Wonder" - developmental tool

FUNCTION: 18-23 Months: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
3. Cont'd. -begin to allow the child to dress himself (remove garments) -picture books are helpful, especially for naming objects, etc. -blocks (able to build towers of 3 blocks) -balls and simple puzzles -music - dancing and moving to music is enjoyed by the child at this age -sandbox activity is enjoyed -monitor TV watching, explain activity as necessary		
4. Parent will understand developing socialization needs of child.	4. Staff suggests play groups, other interaction programs.	.list of County toddler play groups, etc.
5. Parent will record the DPT and Polio booster and will note that the next immunizations (booster) are due at school entry time (4-6 years of age).	5. Staff updates immunizations and orients parents to the need for boosters before entry to school (4-6 years of age).	.Baby Book

FUNCTION: 18-23 Months: Accident Prevention STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will know the risks related to the child's ever increasing mobility, curiosity and independence. -continue to monitor pedestrian safety/car seat use -burns, poisons, fall, choking, drowning, risk situations	1. Staff will elicit new concern areas and reinforce safety practices. -review poison control center number	.Poison Center: (415) 666-2845 Toll free No. 800-792-0720

FUNCTION: 18-23 Months: Feeding STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will encourage healthy mealtime behavior and role model the same. -encourage practice of using eating utensils -parents should set good examples of eating behaviors -mealtime atmosphere should be relaxed - no TV -vary number of small meals, rather than three large meals	1. Staff should discuss and assess the adequacy of current feeding practices and potential problems/anxieties the parents might have.	

FUNCTION: 18-23 Months: Personal Care, Sleeping, Elimination STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will be able to relate progress with the child's bowel control development.	1. Staff will assess parents' progress with their child's bowel control development. -use of potty chair/toilet -pattern used in training -delay emphasis on urination at this time -special stresses for the parent and child that this training involves	
2. Parent will relate their child's activity/ rest activities.	2. Staff will assess the balance in stimulation activities and rest patterns for the child. -parents' awareness of signs of fatigue in the child -fatigue vs. "naughty child" behavior	
3. Parent will continue to practice routine personal care behaviors with the child. -toothbrushing -hygiene	3. Staff will assess parents' personal care practices and give additional information as needed.	

FUNCTION: 18-23 Months: Illness Care STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will know how to obtain reliable resource information on childhood illnesses and care.	1. Staff will provide the parents with a bibliography of recommended written materials and assess the parents' knowledge of how to access the medical care system.	.Bibliography Library List .parent education classes .Well Child Book by Nancy & Mike Samuels,M.D

FUNCTION: 18-23 Months: Parenting STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will have a plan to deal with the issues of a child's parental attachment and separation anxiety - vs. their own needs for "personal time". -each day personal time -extended period personal time -increasing exposure to other adults for the child	1. Staff will assist parents in the development of a plan for respite and dealing with the child's attachment/separation concerns. Staff reviews this objective each visit, if possible.	

FUNCTION: 2 Years: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will relate developmental landmarks of their child at this period (run, climbs up and down stairs, uses plural words, can give first and last names, time of emotional extremism). (Commonly called "the asserter".)	1. Staff will review development and concentrate on those areas of development where parents need more information.	
2. Parents will know to anticipate the following landmarks. -increasing independence, more self-confidence in dealing with others -climbs stairs with alternating feet -folds paper lengthwise -stands on one foot -dresses self -catches a bounced ball -colors -builds 9-10 block towers -rivalries may occur -big jumps in language skills -fantasies -begins interactive/cooperative play with frineds -toy phones, stuffed dolls -music and art development Tremendous gains are made in this period. Intellectually, physically, emotionally and most obviously, socially. Much of what he learns comes from independent and cooperative play. Usually more parallel play than cooperative at this age. Cont'd.	2. Staff will introduce anticipated developmental landmarks and the individual differences expected in growth and development patterns. -imaginary friends -child relies on parent to provide stimulating environment, combined with generous amounts of encouragement and love	

FUNCTION: 2 Years: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
3. Parent will be able to involve child in play/stimulation developmental activities.	3. The staff will elicit discussion of play opportunities and demonstrate examples. ("Play Is Childrens' Work") -2 year old is still trying to coordinate the fine and gross motor skills learned the last year while continuing muscular development and coordination -to encourage this: a) add some new, more complex items to the toy chest (such as 8-10 piece puzzles, pounding toys, more multi-shaped blocks and play dough b) add an inexpensive record player, but be willing to put up with scratched records and a lot of mishandling (all part of the learn-by-experience game) c) child is involved in parallel play at this time, but his play materials should be selected to enable him to take his place with other children (e.g., blocks, two can play, etc.) - learning about the rewards that go with give-and-take will come in time d) for solo play, give a minature table and chairs or desk, and chalkboard to call his own for creative activities - he will also enjoy carryalls that contain various equipment to be taken out and put away - ritualistic taking out (or apart) and putting back are favorite pastimes at this age but not necessarily in the sequence you have in mind e) rotate toys to avoid boredom or over-stimulation due to too many choices f) develop and consistently demonstrate a system for putting toys away (can be a sequencing game or a counting or color recognition game)	

Cont'd.

FUNCTION: 2 Years: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
	3. Cont'd. g) children need a private space, or an area to be shen they need to be separated from people (e.g., until they can learn to control things better by themselves) when in trouble with parents or other children or can go voluntarily and play (messy or otherwise) h) for imitative behavior - pint-sized housekeeping toys (such as vacuums, brooms and kitchen equipment) encourage large muscle development, while small boats, cars or houses with little people strengthens small muscles - all add to the growing imagination I) give a variety of materials, they don't have to be expensive toys (e.g., egg carton, etc.) can lead to imaginative play J) obtain housekeeping toys, "tools" k) develop and respect a private area	
4. Parents will understand languate development and ways to enforce emerging skills.	4. Staff discusses labeling dresser drawers and child's furniture as way to identify words with things.	
5. Parent understands music development and provides music appreciation opportunities.	5. Staff demonstrates or discusses singing and finger-play songs.	

FUNCTION: 2 Years: Accidents STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will know the risks related to the child's ever increasing independence and mobility...SUPERVISE.	1. Staff will elicit new concern areas and reinforce safety practices. -restate car seat law and continue seat use -poisons, burns, traffic/play, dangerous objects (e.g., gardening equipment, etc.) -as child wants to be more involved in activities, particular attention to seasonal (e.g., swimming activities/drowning) and holiday safety issues (halloween costumes, Christmas tree lights, etc.)	

FUNCTION: 2 Years: Feeding STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will encourage healthy mealtime (including snacks) behaviors and role model the same.	1. Staff should discuss and assess the adequacy of current feeding practices and potential problems/anxieties parents might have. -snacks account for 1/4 to 1/3 of the day's calories -6 small meals rather than 3 big one's -avoid purchase of foods with sugar, additives, salt, food coloring -independence may be expressed in feeding behaviors -snacks: low sugar, avoid junk foods -may request items advertised on TV -prepare for trips to the store (take appropriate snacks) -2 snacks per day - make snacks creative and make sure that they count (fruits, vegetables and grain products...leftovers (hot or cold are usable) -know junk food alternatives	."Feeding Your Child"

FUNCTION: 2 Years: Personal Care, Sleeping, Elimination STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will be able to relate progress with the child's elimination control development. -much progress should have been made regarding bowel control by now -when parents feel the bowel control habit is pretty well established, it is time to train the child to urinate in the toilet -don't expect nighttime dryness yet	1. Staff will assess parent's progress with their child's bowel control development. -check to see if bowel/bladder control training problems are associated with shame, guilt or fear -praise of the child's accomplishments is appropriate -review readiness signs	
2. Parents will know that their child may be down to one nap a day and need an earlier bedtime.	2. Staff will continue to assess the activity-tiredness level of the child and the parent response.	
3. Parent will make an appointment with their dentist (or one specifically for the child) between 2-3 years of age.	3. Staff will assist parent in referral to a dentist, as needed. -sucking -rinsing after sweets -fluoride - know own local water system fluoridation status	.DDS lists .city phone numbers

FUNCTION: 2 Years: Illness Care STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will know and be able to relate an accurate health history on the child. -notes made regarding health history in Baby Book	1. Staff will check to see if there is a history of particular health problems (e.g., frequent colds, middle ear infections related to development, and refer for diagnosis and treatment, as necessary). -M.D. list -California Childrens Service (CCS)	.Baby Book

FUNCTION: 2 Years: Parenting STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
This is a high stress period for parents regarding the child's asserting their own independence. "Terrible Two's" may be a misnomer, in that the child can be quite delightful. It varies with child and parent's tolerance and by fluctuating periods of calm-chaos.		
1. Parents will know the particular challenges of this period of development and will have a plan for alternative approaches and responses.	1. Staff will elicit discussion on some of the key issues of this period of development and assist parents in planning for alternative approaches and responses. -parent concerns for orderliness, modeling, and rewards -issues of lying, honesty, untruths, imagination -dealing with the child saying "NO" -dealing with fact vs. fantasy (Santa Claus, Easter Bunny, tooth fairy, scary Halloween costumes, etc.) -keeping promises -readiness for nursery school, etc. (bowel/bladder control) -sibling relationships/jealousy -parents will have a plan for respite!	.books: Kaplan Gesell Erickson Brazelton
2. Parent knows and respects socialization needs of child.	2. Staff recommends "play groups" and interaction situations to give opportunity to view other children and to learn how language and concepts are learned.	.parent education/child observation classes

FUNCTION: 3 Years: Physical/Mental Assessment STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. The parent will relate developmental landmarks of their child at his period (begins interactive/cooperative play, begins to select friends, climbs stairs with alternating feet, catches a bounced ball, increasing independence. Child phase: "The Creator")	1. Staff will review development and concentrate on those areas of development where parents need more information.	
2. Parents will know to anticipate the following landmarks: The three year old will have mastered many physical skills and is capable of expressing himself verbally and becomes more secure in his dealings with others. He learned to share, take turns, and be a little more patient. He enjoys himself playing with friends without the need for constant adult supervision.---The four year old's interests and perceptions broaden, he seems to fill (and often overflow) with questions. At the same time he continues to strive for independence and an understanding of the world around him. -buttons clothes -brushes teeth with adult help -copies figures -recognizes colors -uses simple games and toys that encourage group play	2. Staff will introduce anticipated developmental landmarks and the individual differences expected in growth and development patterns. -nursery school? -TV/movies and children -boys and girls -decisions about role differentation -difficulties in speaking? -parent encouraged to check at end of brushing until child has coordination equal to writing his name (age 6-7) then can brush alone	

Cont'd.

FUNCTION: 3 Years: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
3. Parent will be able to involve child in the following play/stimulation developmental activities: -a doll house with a variety of family members often helps put the child's world in order by giving the chance to act out both authorative and subordinate roles and situations -"tall tales" frequently spills out with the assistance of doctor kits, dolls and vehicles -fine motor control (needed for letter writing skills) and intellectual and physical challenges can be encouraged through new and more stimulating manipulative toys (it's go, go, go, at this age - peddle-about toys and punching bags make good exercisers and energy releasers, too)	3. The staff will elicit discussion of play opportunities and demonstrate examples. -review preschool opportunities -review child's attitude towards child care or a preschool	.Project Care phone number
4. a. Parents will check their Baby Book to see if immunizations are up to date at this period and will act on update as necessary. b. Parents will expect to obtain immunizations at the next visit (DPT, Polio Boosters for entry to school 4-6 years).	4. Staff will check current status of immunizations and give referrals as necessary. -reinforce message about the need for immunization current and again at the start of the school experience	.Baby Book

FUNCTION: 3 Years: Accidents STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parent will know the risks related to the child's ever increasing independence and mobility. -when a toddler to a preschooler, developmental concerns for safety include: -learning to ride a tricycle -playing more with other children in areas other than the home	1. Staff will elicit new concern areas and reinforce safety practices. -choosing a tricycle to suit the child's present size and skill - supervise the child's riding it in safe, traffic-free areas -installing and/or using playground equipment that is at least 6 feet away from walls, fences, other play equipment; anchoring it firmly in a soft-ground surface -supervise learning to cross driveways and streets -supervise, demonstrate how to "handle" talking with strangers -obtaining "dog tags" - teaching home address and phone -teaching girls "touch zones" that are allowable for others to touch and teach/demonstrate assertive skills for when she is touched inappropriately	.review accident/safety checklist filled out earlier

FUNCTION: 3 Years: Feeding STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will encourage healthy meals and eating behaviors and role model the same. The child probably is involved in day care by now; parents should be responsible for choosing adequate lunches for their child or to assess the meals given to their child as part of day care for a balanced daily diet. -variety is a key to good nutrition -don't forget exercise (exercise is important for the child, not only for lasting health, but it helps stimulate your child's appetite while it develops coordination and builds your child's confidence in himself -exercise is also important in regulating the child's weight	1. Staff should discuss and assess the adequacy of current feeding practices and potential problems parents might be having. -staff will refer for problems of underweight and overweight -like adults, children need variety in their diets -exercise	

FUNCTION: 3 Years: Personal Care, Sleeping, Elimination STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will be able to relate progress with their child's elimination control development. -much progress should have been made regarding bowel and bladder control - night dryness may be achieved	1. Staff will assess parent's progress with their child's elimination control. -fluid limitation late at night -feelings of shame if wet at night -discuss readiness for nursery school -child able to and responsible for disposing of, or care of, wet clothes and own bedding if a bed wetter	
2. Parents will regulate their child's activity/rest patterns.	2. Staff will continue to assess the activity - tiredness level of the child and the parent response.	
3. Parents will allow their child an increasing opportunity to provide for their own personal care. -dressing -toothbrushing with help -flossing demonstrated, used -washing face and hands, etc.	3. Staff will advise "the right task/responsibility for the right age".	
4. Parents understand need for annual dental checkup and report on visit accomplished during year.	4. Staff ascertains regularity of dental care and office visits - encourages both.	.DDS lists

FUNCTION: 3 Years: Illness Care STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will know and be able to relate an accurate health history on the child. notes made regarding health history in Baby Book	1. Staff will check to see if there is a history or pattern of specific health problems and refer for diagnosis and treatment as necessary.	.Baby Book

FUNCTION: 3 Years: Parenting STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will know the particular challenges of this period of development and have plans for alternative approaches and responses. Three to three years, 4 months may be a particularly difficult time of "testing" behavior.	1. Staff will elicit discussion on some of the key issues of this period of development and assist parents in planning for alternative approaches and responses. -habit information and waiting for tasks to become second nature -tasks right for age and ability -rivalries/stress/fighting -parents as referees -consistency in parents' behaviors (discipline) - parental concensus -forcing mature behavior -inferiorities and how to handle them -blaming behavior/failures -learning courtesy - modeling -"talking things out" -positive reinforcement	
2. Parents aware of socialization needs of three year olds and their growing ability to participate in cooperative play.	2. Staff provides resources and lists of available play groups, preschool, and similar socialization needs.	.Project Care phone numbers .Head Start phone numbers

FUNCTION: 4-5 Years: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will relate developmental landmarks of their child at this period (buttons clothes, brushes own teeth (with supervision) and recognizes colors).	1. Staff will review development and concentrate on those areas of development where parents need more information. -suggest a timer for toothbrushing (3 minutes)	
2. Parents will know to anticipate the following landmarks: The 5 year old reaches out socially and intellectually. Ideally, he/she is no longer in as much conflict with themself or others. Realistically, this is an ongoing development that has its regressive moments. Just remember that transitions in a child's life are like ours, not always smooth. -turning toward father (from mother) for girls; and rivalry with father (for boys) -handling tools -sports (learning rules, safety, etc.)	2. Staff will introduce anticipated developmental landmarks and the individual differences expected in growth and development patterns.	.Gesell's Child Development Book
3. Parents will be able to involve the child in the following play/stimulation developmental activities. Play is a child's work. Toys are his tools. As his work becomes more complex, he requires more sophisticated "tools" to do the job, but only when he has mastered certain skills can he advance to the next step.	3. Staff will elicit discussion of play opportunities and demonstrate examples.	
4. Parents are aware of State health requirements prior to school attendance.	4. Staff informs parents of State school attendance requirements and kindergarten registration procedure (shots and checkups)	.CHDP resources .EPSDT " .local school phone numbers

Cont'd.

FUNCTION: 4-5 Years: Physical/Mental Assessment STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
4. (Cont'd.) The transition from home to school - whether or not there has been a preschool experience - is an important one. What do we do to make it a success? Pile on the love, reassurance and guidance. Continue school projects at home with toys that improve eye-hand coordination, increase problem-solving abilities and stimulate creativity.		
5. Parents will check their immunization record as part of the Baby Book and enter the DPT, Polio Boosters if obtained at this visit, or will schedule an appointment to obtain these boosters before entry to school/ 6 years of age.	5. Staff will check current status of immunizations and give referrals as necessary. .CHDP .EPSDT	.Baby Book

FUNCTION: 4-5 Years: Accidents STAFF PERSON(S): _____

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will know the risks related to this period of development. -teach safe ways to handle simple tools and kitchen equipment -teach dangers of matches, open flames and hot objects -swimming lessons -check play areas for hazards such as old refrigerators, deep holes, construction, borken glass and trash heaps -do not allow unsupervised play in water, even though it's a shallow pool -lock up poisons, medicines, gasoline, kerosene, paint products, matches and dangerous tools	1. Staff will elicit new concern areas and reinforce safety practices. -child will most likely be able to change to car seat belts from the toddler car seat - suggest use of booster seat/harness with tether rather than adult shoulder/neck seat belt	
2. Parents provide model for safe behavior. Demonstrate principles of safety by your own example. -be sure that the bicycle is the right size for your child - don't allow riding double -a youngster with a bike must learn the rules of the road, as well as respect for traffic officers and their directions -parent accompanies child to bus stop to check safe pedestrian behavior and to demonstrate lesson in how to deal with strangers	2. Staff encourages "safety from strangers" discussion and suggests teaching methods without making child fearful of all people. -reinforces the "touch" concept along with assertive declaration to others of their right to be touched only as they like it When caring for or discussing past accidents, health care professionals can inquire about possible design faults leading to the injury, recognize correctable hazards of the environment and lobby for their improvement.	.see Sherri Patterson's "Touch" curriculum for younger child

FUNCTION: 4-5 Years: Feeding STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will encourage healthy meals and eating behaviors and role model the same. "OFF TO SCHOOL" -school hot lunch/cold lunch programs -school breakfast programs (?) -bag lunches prepared at home for children -sandwiches -hard cooked eggs -leftovers -crackers -thermos bottles	1. Staff should discuss and assess the adequacy of current feeding practices and potential problems parents might be having. -economics -exercise/weight control/sports	

FUNCTION: 4-5 Years: Personal Care, Sleeping, Elimination STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will be able to relate progress with their child's elimination control. -night time dryness should be accomplished by now	1. Staff will assess parent's progress with their child's elimination control. -if there are remaining problems, difficulty with nighttime or other control, parents should be referred to consult with their physician	
2. Parents will be able to provide for adequate rest for their child in keeping with the child's increasing busy daily schedule (school, etc.).	2. Staff will assess the activity/rest balance for the child (and parent).	
3. Parents will allow their child an increasing opportunity to provide for their own personal care.	3. Staff will continue to assess "the right task/responsibility for the right age."	
4. Parents understand the need for annual dental checkup and report on visit accomplished during the prior period.	4. Staff ascertains the regularity of dental care and office visits (encourages both).	
5. Parents know that personal care of child's body (cleanliness, teeth brushing) extends to prevention of child molestation.	5. Staff explains the "touch" concept in which child learns to identify good ☺ touch, ☹ bad touch, such as spanking, etc., from confusing 😐 touch of molestation. Staff explains need to have no secrets helps child's ability to report confusing touch to parent or other adult.	.see Sherri Patterson's "Touch" curriculum

FUNCTION: 4-5 Years: Illness Care STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will know and be able to relate an accurate health history of their child. -notes made regarding health history in Baby Book	1. Staff will check to see if there is a history or pattern of specific health problems and refer for diagnosis and treatment if necessary. -staff encourages parent to take "Baby Book immunization" record to health checkup for school	

FUNCTION: 4-5 Years: Parenting STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Parents will know the particular challenges of this period of development and have plans for alternative approaches and responses. -realize that your child cannot be perfect -child's changing interests -major socialization changes -development of values -allowances -earning and spending -unselfishness -don't need to career plan for the child now -liking to work (work for the parent/work for the child) -honesty -other children in the family -respect for parents -timidity -children who fall in school (socially or academically)	1. Staff will elicit discussion on some of the key issues of this period of development and assist parents in planning for alternative approaches and responses. -parents grow and develop as children do -warn about strangers, talk about child abuse -education/capacity -educate the child for change -encourage parent to keep in touch with school/teacher, supply school with relevant "how to reach in emergency, special diet, activity, etc. -special medicines, problems...take responsibility to contact school nurse -participate in school activities/school boards, etc. -looking away from problems for awhile -school and playground force comparisons (expectations/performances) -check out supervision of playmate's home if your child visits there often	.know and give Child Abuse Hot Line number

FUNCTION: PRENATAL: Feeding STAFF PERSON(S):

OBJECTIVES	ACTIVITIES	METHODS AND MATERIALS
1. Client will know the feeding options available (breast/bottle-formula, fluids).	1. Staff will discuss client preference and choice of a feeding method.	.demonstration (breast/ bottle feeding)
2. Client will be able to make an informed choice of a feeding method appropriate to the individual needs of the infant/family.	2. Staff will explain the benefits/drawbacks relating to breast/bottle feeding.	

SAMPLE PAGE ONLY

THE PRENATAL SECTION WILL BE DEVELOPED IN THE NEXT DRAFT

PARENT HEALTH EDUCATION CHECKLISTS

Designed to Accompany

HEALTH EDUCATION PROTOCOLS
FOR PROVIDERS OF PARENT-HEALTH EDUCATION
SUBJECT: CHILDREN FROM BIRTH TO 6 YEARS OF AGE

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Background

The attached set of eleven CHECKLISTS has been prepared to concur with the C.H.D.P. periodicity schedule of well-child visits for children between birth to six years. The Health Education Protocols* is the source from which items were drafted. The approximate or estimated needs of both the child and the parent at each visit are reflected. While each checklist may not be a complete set of possible health education items that could be included, the total sequence of visits seen cumulatively covers the spectrum of PARENT-HEALTH EDUCATION over a six year period as compiled in the Health Education Protocols.

Each age listed on the CHECKLIST is the recommended age at which the child should be checked. Therefore, each visit is listed (e.g., Visit #1, Visit #2, through Visit #11 at age six).

In addition, each visit is also color-coded to assist providers in differentiating visits. The colors also correspond to the colors used in the HEALTH EDUCATION PROTOCOLS.

*For a draft copy of HEALTH EDUCATION PROTOCOLS, please call Bettie Basye - 499-6895.

Field Test

The CHECKLISTS in present form are being field tested. This means that several W.I.C. clinics will be the location for distribution to waiting parents. Parents will be given the CHECKLIST that corresponds to the age of their child, i.e., one month, three months, etc.

The parents will check off items of interest and add any suggestions they may have at the bottom of the page. This will be done for a one month period. The data collected will give us direction for revision of the draft CHECKLISTS.

Response to the CHECKLISTS will not be tabulated or tracked during the FIELD TEST of the CHECKLISTS. The provider assisting in the FIELD TEST will each respond as they see proper under the circumstances.

Suggested responses might be: 1) staff will answer the request on the spot; 2) refer it to a doctor; 3) supply a phone number, such as Car Seat Program phone number, Hot Line, or I&R number; or 4) provide a pamphlet, brochure or flyer.

The parent is asked to take their time in filling it out, she/he does not have to sign it, and is asked to hand it to the provider or clerk before leaving.

D R A F T

CHECKLIST (BIRTH - ONE MONTH) Visit #1

DATE: _____

We want to make this checkup time as beneficial to you and your child as possible. Please check the health topics below which you would like to know more about. Hand in this checklist at the beginning of the checkup.

ABOUT THE CHILD

____growth and development

____immunizations (shots)

____car safety for the whole family

____making the home safe for kids

____bottle feeding

____breast feeding

____sleeping

____crying

____bowel and bladder concerns

____special children/special needs (low birth weight, handicapped, etc.)

FOR THE PARENT

____problems of being a parent/stress

____community resources

____baby care skills (bathing/personal care/ temperature taking, etc.)

____smoking and its effect on you and others

____alcohol and other drugs

____when to call the doctor

____parenting education classes

____how to observe and understand my child's behavioral cues

1. Are there any other subjects you are interested in? _____

_____

2. Please suggest changes you would like in this checklist. _____

CHECKLIST (1-2 MONTHS) Visit #2

DATE: _____

We want to make this checkup time as beneficial to you and your child as possible. Please check the health topics below which you would like to know more about. Hand in this checklist at the beginning of the checkup.

ABOUT THE CHILD

____growth and development

____immunizations

____car safety for the whole family

____making the home safe for children

____bottle feeding

____breast feeding

____supplemental feedings

____crying

____sleeping

____bowel and bladder concerns

____special children/special needs (handicapped children, adopted, etc.)

FOR THE PARENT

____pluses and problems of being a parent

____how to stimulate/play with my child at this age

____community resources

____choosing a baby sitter

____baby care skills (bathing, personal care, temperature taking, shampooing, etc.)

____smoking and its effects on you and others

____alcohol and other drugs

____the father's role

____a good reference book on illness care

____a support system for me

____time for me

____"shaping up"

1. Are there any other subjects you are interested in? _____

_____

2. Please suggest changes you would like in this checklist. _____

_____

DRAFT

CHECKLIST (3-4 MONTHS) Visit #3

DATE: _____

We want to make this checkup time as beneficial to you and your child as possible. Please check the health topics below which you would like to know more about. Hand in this checklist at the beginning of the checkup.

ABOUT THE CHILD

____growth and development

____immunizations

____car safety for the whole family

____pacifiers and thumb sucking

____choking prevention

____safe toys

____seasonal safety concerns

____feeding (how/when to add solids)

____personal care (sleeping/crying, and bowel and bladder concerns)

____drooling

____colds

____special children/special needs (handicapped children, adopted children, twins, etc.)

FOR THE PARENT

____pluses and problems of being a parent

____community resources

____building attachments: quantity and quality time with my child

____the father's role - building attachments

____communicating with the doctor and nurse

____parenting education classes

____looking for child care

____smoking and its effects on you and others

____alcohol and other drugs

____support systems

____time for me

1. Are there any other subjects you are interested in? _____

_____

2. Please suggest changes you would like in this checklist. _____

_____

CHECKLIST (5-6 MONTHS) Visit #4

DATE: _____

We want to make this checkup time as beneficial to you and your child as possible. Please check the health topics below which you would like to know more about. Hand in this checklist at the beginning of the checkup.

ABOUT THE CHILD

____growth and development

____immunizations

____home safety (e.g., reaching and pulling objects, poisons, sharp objects)

____car safety

____feeding (fluids/juices, getting ready to introduce solid foods)

____personal care (sleeping/crying and bowel and bladder concerns)

____teething

____possible ear infections

____special children/special needs

FOR THE PARENT

____parenting concerns at this stage

____referrals to community resources

____communicating with my child

____looking ahead and getting organized to deal with my more active child

____parenting information and/or classes

____working mother problems (e.g., breast feeding, child care, etc.)

____sharing time with siblings

____relatives: grandparents and others as advisers and care givers

____support systems

____"time for me, time for us"

1. Are there any other subjects you are interested in? _____

_____

2. Please suggest changes you would like in this checklist. _____

_____

D R A F T

CHECKLIST (7-9 MONTHS) Visit #5

DATE: _____

We want to make this checkup time as beneficial to you and your child as possible. Please check the health topics below which you would like to know more about. Hand in this checklist at the beginning of the checkup.

ABOUT THE CHILD

____growth and development

____immunizations

____accident prevention (e.g., poisons)

____car seat position (infant/toddler)

____feeding (adding solids)

____personal care (sleeping, elimination, naps, etc.)

____illness care

____special children/special needs

1. Are there any other subjects you are interested in?

_____

_____

2. Please suggest changes you would like in this checklist.

_____

_____

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FOR THE PARENT

____parenting concerns at this stage

____picking appropriate toys and activities to help my child develop

____how to poison-proof the house (e.g., household poisons, plants, etc.)

____homemade baby food

____building health habits (e.g., dental care and feeding practices)

____discipline and knowing the child's limitations

____alternatives to discipline

____"two" parent families

____"one" parent families

____support systems

____keeping health records on my child

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D R A F T

CHECKLIST (10-12 MONTHS) Visit #6

DATE: _____

We want to make this checkup time as beneficial to you and your child as possible. Please check the health topics below which you would like to know more about. Hand in this checklist at the beginning of the checkup.

ABOUT THE CHILD

____growth and development (standing/walking)

____reactions and benefits of immunizations

____car safety for the whole family

____weaning from the breast/bottle

____avoiding choke-prone foods (seeds, nuts, etc.)

____planning for toilet training (preparation and stages)

____naps

____care of colds/ear infections, etc.

FOR THE PARENT

____parenting concerns at this age

____playing with your child

____choosing safe toys

____selecting a stable care giver

____shifting roles -- the working parent

____conducting a home safety check

____supervising the active child (stairs, heaters, etc.)

____ideas/plans for shared parenting responsibilities and fun

1. Are there any other subjects you are interested in? _____

_____

2. Please suggest changes you would like in this checklist. _____

_____

D.R A F T

CHECKLIST (13-17 MONTHS) Visit #7

DATE: _____

We want to make this checkup time as beneficial to you and your child as possible. Please check the health topics below which you would like to know more about. Hand in this checklist at the beginning of the checkup.

ABOUT THE CHILD

____growth and development (balance and coordination)

____immunization (MMR)

____adjusting for increased mobility and exploration

____textured foods

____changes in eating habits

____potty training ("catching it")

____toothbrushing

____changes in sleeping behavior

____mood swings and temper tantrums

1. Are there any other subjects you are interested in?

_____

_____

2. Please suggest changes you would like in this checklist.

_____

FOR THE PARENT

____stresses of parenting regarding child's increasing energy, independence, eagerness to learn vs. safety concerns and discipline

____responding to the child's language

____how to structure the child's environment for a satisfying experience

____teaching about dangers

____choosing appropriate toys for learning (cognitive, language and social)

____styles of parenting (am I a "yes" parent or a "no" parent?)

____food as food vs. a reward for behavior

____setting a routine for potty training (modeling, issues of discipline, etc.)

____how to observe and understand my child's changing behavioral cues

____family support systems and community resources

D.R A F T

CHECKLIST (18-23 MONTHS) Visit #8

DATE: _____

We want to make this checkup time as beneficial to you and your child as possible. Please check the health topics below which you would like to know more about. Hand in this checklist at the beginning of the checkup.

ABOUT THE CHILD

____growth and development (vocabulary)

____booster shots

____exploration and experimentation in play

____TV time

____making my child street-wise and pool/hot tub safety conscious

____feeding and table habits

____bowel training

____exposure to other adults (role models, socializing, etc.)

FOR THE PARENT

____concerns of parenting at this stage

____accepting attachment vs. separation needs of my child

____providing for exploration and growth at my child's pace

____caretaking and non-caretaking opportunities for play with my child

____mealtime as a family event

____special stresses for the parent and child that potty training involves

____planning for personal time (for the individual/for the couple)

1. Are there any other subjects you are interested in? _____

_____

2. Please suggest changes you would like in this checklist. _____

_____

D·R A F T

CHECKLIST (2 YEARS) Visit #9

DATE: _____

We want to make this checkup time as beneficial to you and your child as possible. Please check the health topics below which you would like to know more about. Hand in this checklist as the beginning of the checkup.

ABOUT THE CHILD

____growth and development

___individual differences

___uneven development (physical vs. social, etc.)

____play as "childrens' work"

____independence and safety

____special events safety (Halloween/Christmas)

____snacks

____food and assertive behavior

____continued potty training, readiness for school

____play groups and preschools

FOR THE PARENT

____providing for quality, developmentally appropriate play for:

___cognitive

___language

___social learning

____providing encouragement and love

____selecting those child behaviors which need to be modified and those I'll need to adapt to

____supervision needs of this period

____meal planning and snacks

____planning to check in with the M.D. and the dentist

____alternative approaches and responses for parenting in this period

____planning for parent respite

1. Are there any other subjects you are interested in? _____

_____

2. Please suggest changes you would like in this checklist. _____

DRAFT

CHECKLIST (3 YEARS) Visit #10

DATE: _____

We want to make this checkup time as beneficial to you and your child as possible. Please check the health topics below which you would like to know more about. Hand in this checklist at the beginning of the checkup.

ABOUT THE CHILD

____growth and development ("the creator")

____role playing

____fine motor control

____pretend behavior

____self-help development

____testing behavior

____parallel play

____safety (tricycles/play outside the home)

____carpools (car seats vs. seat belts)

____school: lunches/snacks

____weight as an issue

____exercise

____night "dryness"

FOR THE PARENT

____challenges of parenting at this period

____choosing tasks right for age and ability

____providing for interactive and cooperative play

____choosing toys and playground equipment

____preparing the child to deal with strangers

___teaching address and phone number

___teaching about "touch zones"

____how to keep mealtime interesting (food variety)

____nutrition for the family as a whole

____planning annual checkups (MD/dentist)

____parents as referees

____being consistent in parenting behavior

____working with your day care provider (carpools, car seats, meals, etc.)

____support systems for the parent

1. Are there any other subjects you are interested in? _____

_____

2. Please suggest changes you would like in this checklist. _____

DRAFT

CHECKLIST (4-5 YEARS) Visit #11

DATE: _____

We want to make this checkup time as beneficial to you and your child as possible. Please check the health topics below which you would like to know more about. Hand in this checklist at the beginning of the checkup.

ABOUT THE CHILD

____growth and development (continued self-sufficiency)

____handling tools

____immunizations up to date?

____buses and carpools (booster seats and lap belts)

____school lunches and snacks

____exercise, weight control and sports

____independence in personal care

____bedwetting

____the special child and school placement

1. Are there any other subjects you are interested in?

_____

_____

2. Please suggest changes you would like in this checklist.

_____

FOR THE PARENT

____concerns of parenting at this period

____supervision and independence in personal care

____getting ready for school (MD/dental exams, follow-up plans, etc.)

____separation as an issue (first day of school)

____school substitutes for the under-aged child

____work with siblings

____continued work on safety

___"touch concept" vs. being fearful of all adults

___modeling safety behavior

____after school care arrangements

____dealing with individual differences and lags in development

____school and illness (exposure to colds, etc.)

____working with the school (teachers, nurses, PTA, etc.)

____neighborhoods (block parents, after school care, etc.)